STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

OCT 3 1 2018

| I. Name of Lobbyist(s) JAMES | BURNETT | | NEW HAMPSHIRE DEPARTMENT OF STATE |
|--|--------------------------------|---|--------------------------------------|
| 11. Name of lobbyist's partnership, firm or | corporation, if any: | | DELITICIANE NI OF STATE |
| SIGHT LINE F | ODBLIC AFFA | aliss, LLC | |
| Po Business Address: (Street) | (Town/City) | NH (State) | (Zip Code) |
| 603 <u>686 - 3909</u> (Telephone) | | | |
| III. This statement covers: (Choose one – fit reportable expense transactions which are i | | | separate report for |
| ☐ All reportable transactions occurring in the | - | _ | ving client: |
| Full Name of Client as i | it appears on the Lobbyist Reg | istration Form) | |
| All reportable transactions by the lobbyist (unrelated to any particular client. | (including the lobbyist's far | mily), or the lobbying firm li | sted below which are |
| IV. Date of Report April 25, 2018 Reports cover: activity from date of registration | | uly 25, 2018 from 4/1/18 to 6/30/18 | |
| October 31, 2018 A activity from 7/1/18 to 9/3 | | anuary 30, 2019 from 10/1/18 to 12/31/18 | |
| V. There have been no fees received and If this box is checked, complete just this form a Concord, NH 03301. | | | |
| VI. Check if additional reports are attached If you have received fees or made expendi | | dum A – Fees and Expenses | |
| ☐ If you have paid an honorarium or reimbu Expense Reimbursement | | | Honorariums or |
| If you, your firm, or your family has made | political contributions, yo | u must file Addendum C – P | olitical Contributions |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C an and complete to the best of my knowledge and (Signature of lobbyist) | l belief. | ar or affirm that the foregoin | |
| (Print Name of Johnvist) | 1) | | |

P L E A S E P R I

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| II. Name of lobbyist's partnership, firm or corporation, if any: | |
|---|--|
| SIGHT LINE PUBLIC AFFAIR (Name of partnership, firm or corporation) | -5 |
| | |
| 111. Name of Client | Date |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses: | t relations, or public relations service |
| a) Total of all fees received in this reporting period | a) \$ 12,000 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y | b) \$ 4,000 |
| c) Total of all fees received to date (Add lines a and b) | c)\$ 16,000 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business ess than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$50 s, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a)\$ |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ |

| d) Total expenses for this reporting period (Add lines a, b and c) | d)\$ 17,000 |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e)\$ 4,000 |
| f) Total of all expenses year to date | ns 16,000 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | n that the foregoing information |
| (Signature of lobbyist) | 10/24/18 (Date) |
| JAMES BURNETT | ` , |

(Print Name of lobbyist)